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UNITED STATES DISTRICT COURT  
Northern District of California  
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Richard W. Wieking  
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April 7, 2008

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U.S. COURT OF APPEALS

APR 08 2008

FILED \_\_\_\_\_  
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DATE \_\_\_\_\_ INITIAL \_\_\_\_\_

General Court Number  
415.522.2000

Clerk  
U.S. Court of Appeals  
For the Ninth Circuit  
P.O. Box 193939  
San Francisco, CA 94119-3939

**CASE NUMBER: CV 07-03019 CRB**

**CASE TITLE: MARIE CHELLINO-v-KAISER FOUNDATION HEALTH PLAN**

USCA Case Number:

108-15803

Dear Sir/Madam:

Enclosed is the **Notice of Appeal** in the above captioned case. Please acknowledge receipt on the enclosed copy of this letter and return it to this office.

Sincerely,

RICHARD W. WIEKING, Clerk



by: Maria Loo  
Case Systems Administrator

cc: Counsel of Record

UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT  
**NOTICE OF APPEAL NOTIFICATION FORM**  
Please Fill Out Completely

R E C E I V E D  
CATHY A. CATTERSON, CLERK  
U.S. COURT OF APPEALS

APR 08 2008

April 7, 2008

FILED \_\_\_\_\_  
DOCKETED \_\_\_\_\_  
DATE \_\_\_\_\_ INITIAL \_\_\_\_\_

**CASE INFORMATION:**

Short Case Title: MARIE CHELLINO-v- KAISER FOUNDATION HEALTH PLAN

Court of Appeals No. (leave blank if unassigned )

U.S. District Court, Division & Judge Name: USDC, Northern District of CA, Judge Charles R. Breyer

Criminal and/or Civil Case No.: CV 07-03019 CRB

Date Complaint/Indictment/Petition Filed: 6/11/07

Date Appealed order/judgment entered 3/26/08

Date NOA filed 4/4/08

Date(s) of Indictment Plea Hearing Sentencing

08-15803

COA Status (check one): ☐ granted in full (attach order) ☐ denied in full (send record)  
☐ granted in part (attach order) ☐ pending

Court Reporter(s) Name & Phone Number: Katherine Powell, (415) 794-6659

***Magistrate Judge's Order? If so, please attach.***

**FEE INFORMATION**

Date Docket Fee Paid: 4/4/08

Date Docket Fee Billed:

Date FP granted:

Date FP denied:

Is FP pending? ☐ yes ☐ no

Was FP limited ☐? Revoked ☐?

US Government Appeal? ☐ yes ☐ no

Companion Cases? Please list:

***Please attach copy of any order granting, denying or revoking FP.***

**COUNSEL INFORMATION** (Please include email address) See Docket Sheet

Appellate Counsel:

Appellee Counsel:

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San Francisco, CA 94105

☐ retained ☐ CJA ☐ FPD ☐ Pro Se ☐ Other ***Please attach appointment order.***

**DEFENDANT INFORMATION**

Prisoner ID:

Address:

Custody:

Bail:

**AMENDED NOTIFICATION INFORMATION**

Date Fees Paid:

9th Circuit Docket Number:

Name & Phone Number of Person Completing this Form: Maria Loo, (415) 522-2000